

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-375)							SERIAL NO. <b>091672817</b>	FILING DATE					
							APPLICANT(S)						
							<b>82104 CLAIMS</b>						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		61						
2		/		/		/	62						
3		/		/		/	63						
4		/		/		/	64						
5		/		/		/	65						
6		/		/		/	66						
7		/		/		/	67						
8		/		/		/	68						
9	/		/		/		69						
10		/		/		/	70						
11		/		/		/	71						
12		/		/		/	72						
13		/		/		/	73						
14		/		/		/	74						
15		/		/		/	75						
16	/	/		/		/	76						
17		/		/		/	77						
18	/		/		/		78						
19	/		/		/		79						
20						/	80						
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33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	4		4		4		TOTAL IND.						
TOTAL DEP.	15		15		21		TOTAL DEP.						
TOTAL CLAIMS	19		19		25		TOTAL CLAIMS						